7550

07543

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location) Elm St

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Boyd

4. DATE OF DEATH: (Month) aug (Day) 27 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W. White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: aug 20 1914

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming Conductor

10b. KIND OF BUSINESS OR INDUSTRY: R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Walter P. Boyd

14. MOTHER'S MAIDEN NAME: Carrie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 711-07-3509

17. INFORMANT AND ADDRESS: Evelyn Boyd, Perryville, Md.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute left ventricular failure.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1954, to 8/27, 1954, that I last saw the deceased alive on 8/27, 1954, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE Edward C. Wood (Degree or title) ADDRESS 420 N. Union Ave., Havre de Grace Md. DATE SIGNED 8-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: aug 30, 1954

NAME OF CEMETERY OR CREMATORY: Oxford

LOCATION (City, town, or county) Oxford, Pa. (State)

DATE REC'D BY LOCAL REG.: Aug. 29-54

REGISTRAR'S SIGNATURE: C. L. Lewis M.D.

24. FUNERAL DIRECTOR: Wm. A. Patterson & Son ADDRESS Perryville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07544

7567 CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Harford COUNTY Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Havre de Grace
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Harford COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Havre de Grace, Md.
STREET ADDRESS (If rural give location) Chapel Road

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) Meriwether (Last) Bryan
4. DATE OF DEATH: (Month) (Day) (Year) 8/25/54 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/16/1887
9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Minor Meriwether
14. MOTHER'S MAIDEN NAME: Lucie Novell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Chas. E. Bryan, Mt. Pleasant Orchards, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1757

Immediate cause (a) Pulmonary Embolism — Interval Between Onset And Death: ½ hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Phlebothrombosis, rt. saphenous vein — 10 days
DUE TO (c) Carcinoma rt. ovary — 2 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 7-12-54
19b. MAJOR FINDINGS OF OPERATION: Carcinomatous cyst rt. ovary Local extension
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19-1952 to 8-25-1954, that I last saw the deceased alive on 8-25-1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.
SIGNATURE Peter Rodman, M.D. (Degree or title) ADDRESS Aberdeen DATE SIGNED Md. 8-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/27/54
NAME OF CEMETERY OR CREMATORY Darlington
LOCATION (City, town, or county) (State) Darlington, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 27-1954
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Darlington Funeral Home
ADDRESS Havre de Grace, Md.

VS. A15

RECEIVED
AUG 31 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07545

# 7551 CERTIFICATE OF DEATH

Reg. Dist. No 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural give location) Emmorgo Road

**3. NAME OF DECEASED:** (Type or Print) (First) Nannie (Middle) Elizabeth Bumgardner (Last) BUMGARDNER

**4. DATE OF DEATH:** (Month) Aug (Day) 1 (Year) 1954

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| F | W | Widowed | Mar 2 1870 | 84 yrs. | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Trade Tenn | U S |

**13. FATHER'S NAME:** Tolan Davis

**14. MOTHER'S MAIDEN NAME:** Sarah Dodson

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| | | Mrs Ollie R Boggs Forest Hill Md |

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Carcinoma Sigmoid Colon — 20 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

153K

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Che hypertensive Cardio-Vascular Renal ?

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY ? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | Aug 1st |

22. I hereby certify that I attended the deceased from Mar ....., 1944, to July 1, 1954, that I last saw the deceased alive on Aug 1., 1954, and that death occurred at 10:20 P.M. from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Willard P. Hudson M.D. | Forest Hill Md | 8/2/54 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Aug 4/54 | Dodson Cemetery | Trade, Tenn |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 8/2/54 | Priscilla Foxwood | Joseph T Foster | Bel Air Md |

RECEIVED
AUG 5 1954
BUREAU V. S.

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07546
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reckord, Joppa R.D., | LENGTH OF STAY (in this place) 1 yr.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Joppa R.D., (Reckord)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Joshua (Middle) F. (Last) Burchett
4. DATE OF DEATH (Month) August (Day) 18 (Year) 1954

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | married | June, 13, 1887 | 67 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Burchett
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-12-8264
17. INFORMANT & ADDRESS: Emma G. Burchett, Joppa R.D., Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Arteriosclerotic CV disease | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) DUE TO | |
| | (c) DUE TO | |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 8/18/54

| 23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF Aug. 20, 1954 | NAME OF CEMETERY OR CREMATORY Mountain Christian | LOCATION (City, town, or county) (State) Joppa, R.D. Harford Md. |
|---|---|---|---|

DATE REC'D BY LOCAL REG. 8/23/54
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Howard K. Mc Comas & Son ADDRESS Abingdon, Md.

RECEIVED
AUG 25 1954
BUREAU V. S.

7569

07547

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) Melvin (Last) Clark

4. DATE OF DEATH (Month) Aug. (Day) 21, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 13, 1879

9. AGE Last birthday: 75 yrs. IF UNDER 1 YEAR: Months 5 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: House Painter

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Clark

14. MOTHER'S MAIDEN NAME: Frances Ely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 21-818-4259

17. INFORMANT & ADDRESS: Mrs. Hugh Clark, Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Hypertensive C V disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Harold C Palmer M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug 24, 1954

NAME OF CEMETERY OR CREMATORY Centre

LOCATION (City, town, or county) (State) Forest Hill, Harford Co. Md

DATE REC'D BY LOCAL REG. 8/24/54

REGISTRAR'S SIGNATURE Priscilla Fosswood

24. FUNERAL DIRECTOR ADDRESS Martin L. Kurtz, Jarrettsville, Md

RECEIVED
AUG 28
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07548

7552

# CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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VS. A15

1 PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
MARYLAND LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bel Air Ave Extended

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
STREET ADDRESS (If rural give location) Bel Air Ave Extended

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Olivia (Last) Coen

4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: July 28 1869 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Home wife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country) Harford Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Cole

14. MOTHER'S MAIDEN NAME: Margaret Mahan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT'S ADDRESS: Mr. Edgar C. Coen, Havre de Grace Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — DUE TO

(c)

Interval Between Onset And Death: (a) Immediate (b) yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 14 1954, to August 17 1954, that I last saw the deceased alive on Aug 17, 1954, and that death occurred at 11:40 a.m. from the causes and on the date stated above.

SIGNATURE Frederick Hatem (Degree or title) M.D. ADDRESS Aberdeen Md. DATE SIGNED 8/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 20 1954 | NAME OF CEMETERY OR CREMATORY Baker's Cem. | LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 20-54 | REGISTRAR'S SIGNATURE Nellie L. Seay

24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

RECEIVED
AUG 23 1954
BUREAU V. S.

07549

MARYLAND 7570 STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 18-1

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Churchville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aberdeen - R.D.# 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Churchville
STREET ADDRESS (If rural, give location) Aberdeen - R.D. # 1

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Collins

4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 2, 1871

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer on Farms

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Collins

14. MOTHER'S MAIDEN NAME: Charlotte Floyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hattie A. Collins - Aberdeen R.D. 1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma of Prostate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14 ..., 1953, to 8/27, 1954, that I last saw the deceased alive on 8/27 ..., 1954 and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George T. Hanbury, M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 8/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Sept. 1, 1954
NAME OF CEMETERY OR CREMATORY: Green Spring.
LOCATION (City, town, or county) (State): Level Md

DATE RECD BY LOCAL REG.: August 31 1954
REGISTRAR'S SIGNATURE: Nellie G. Berry

24. FUNERAL DIRECTOR: Henry Tarring & Sons
ADDRESS: Aberdeen, Md.

7571 **MARYLAND STATE DEPARTMENT OF HEALTH** 07550

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, POPULAR GROVE
LENGTH OF STAY (in this place): 60 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD STREET, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - POPULAR GROVE
STREET ADDRESS (If rural, give location): RFD STREET, Md.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MYRTLE HASLACH CULLUM
4. DATE OF DEATH (Month) (Day) (Year): AUGUST 1 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: DEC 6, 1895
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME MAKER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): STREET MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ADAM HASLACH
14. MOTHER'S MAIDEN NAME: SARAH GRIFFITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT AND ADDRESS: MRS. ROBERT DUFF, FORREST HILL, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

172X

Immediate cause (a) PNEUMONIA — 2 DAYS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED CARCINOMATOSIS — OVER 1 YR

(c) CARCINOMA UTERUS — OVER 1 YR

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: JULY 18, 1953
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA UTERUS WITH METASTASES
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 JULY, 1954, to 1 AUG., 1954, that I last saw the deceased alive on 31 JULY, 1954, and that death occurred at 1:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Philip W Heuman M.D — ADDRESS: Bel Air, Maryland — DATE SIGNED: Aug 1, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 2 1954 — NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Park — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: August 1, 1954 — REGISTRAR'S SIGNATURE: C.H.P. [illegible] — 24. FUNERAL DIRECTOR: H. S. Bailey, Washington Md. — ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07551

# 7553 CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
MARYLAND LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 717 Warren St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 717 Warren St.

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) May (Last) Curen

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar. 13, 1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Duties
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Robert Curen
14. MOTHER'S MAIDEN NAME: Mary Harwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No: —
17. INFORMANT & ADDRESS: Mr. Thomas J. Curen Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension, Cardiovascular Disease DUE TO

(c) Senile Nephritis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 28, 1954, to Aug 31, 1954, that I last saw the deceased alive on Aug. 31, 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Lewis M.D. ADDRESS Havre de Grace DATE SIGNED 9-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 3, 1954
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 2-1954
REGISTRAR'S SIGNATURE C. L. Lewis M.D.
24. FUNERAL DIRECTOR H. Madison Mitchell ADDRESS Havre de Grace, Md.

SEP 7 4
V. S.

Items 18&21 Film G109 8-27-54 ams

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# CERTIFICATE OF DEATH

Reg. Dist. No. 781

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

COUNTY: Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen — LENGTH OF STAY (in this place): X

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Army Hospital, Aberdeen Prov. Ground, Md.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Maryland — COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 818 Evesham Ave

**3. NAME OF DECEASED:** (Type or Print) (First) Thomas (Middle) Walter (Last) Dutton (Infant)

**4. DATE OF DEATH:** (Month) Aug (Day) 15 (Year) 1954

**5. SEX:** M

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** S

**8. DATE OF BIRTH:** 12 Aug 1954

**9. AGE last birthday:** yrs. — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): NA

**10b. KIND OF BUSINESS OR INDUSTRY:** NA

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** US

**13. FATHER'S NAME:** Cpl. Walter Dutton

**14. MOTHER'S MAIDEN NAME:** Jean McDonough

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:** NA

**17. INFORMANT & ADDRESS:** Richard Allen, 1st Lt., US Army Hosp., APG

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) ~~Aspiration pneumonia~~ asphyxiation — Interval Between Onset And Death: 20 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO aspiration of feeding — 20 minutes

(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☒ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify): Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Hospital — (CITY OR TOWN): Aberdeen — (COUNTY): Harford — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 15, '54 12:01 AM — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? Completely unknown

22. I hereby certify that I attended the deceased from 12 Aug, 1954 to 15 Aug, 1954, that I last saw the deceased alive on 15 Aug, 1954, and that death occurred at 0020 hrs., from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard Allen 1st Lt MC — ADDRESS: USOH APG Md — DATE SIGNED: 15 Aug 54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF: aug 17 1954 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): aberdeen Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug. 17-54 — REGISTRAR'S SIGNATURE: Nellie R. Berry

**24. FUNERAL DIRECTOR:** John G. Varrin — ADDRESS: aberdeen maryland

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tennessee COUNTY Johnson
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Shouns, Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Gilbert (Middle) M. (Last) Farmer (Type or Print)
4. DATE OF DEATH (Month) August (Day) 1 (Year) 19 54

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | single | 6-6-1936 | 18 | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Farmer
14. MOTHER'S MAIDEN NAME: Myrtle Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 413-56-5368
17. INFORMANT & ADDRESS: Curtis Farmer, Port Deposit, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) [illegible] DUE TO — Interval Between Onset and Death: [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY [illegible]
21c. (City or town) [illegible] (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY [illegible] M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-2-54

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal & Burial | 8-2-1954 | Payne Cemetery | Johnson Co. Shouns, Tenn. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Aug 2. 1954 | A L. Lewis M. D. | Lee A. Patterson & Son | Perryville, Md. |

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

7555 2411 N. Charles Street, Baltimore

07554

# CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora Md. Rural
STREET ADDRESS (If rural, give location) Route 1.

3. NAME OF DECEASED (Type or Print): (First) Norvill (Middle) Clifford (Last) Harlan.
4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 7/31/1879
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Samuel Harlan (deceased)
14. MOTHER'S MAIDEN NAME: Agnes Thompson (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Kenneth Livezey, Aberdeen, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Diffuse Nephritis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Prostatitis

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH: 8 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12, 1954 to 8-19, 1954 that I last saw the deceased alive on 19 Aug., 1954, and that death occurred at 8:55 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. L. Lewis MD Havre de Grace Md 8-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-21-1954
NAME OF CEMETERY OR CREMATORY: Asbury
LOCATION (City, town, or county) (State): Fort Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Aug 20-1954
REGISTRAR'S SIGNATURE: C. L. Lewis M. D.
24. FUNERAL DIRECTOR: Wm A. Patterson & Son ADDRESS: Perryville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 24 1971
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07555

7556

# CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: Harford COUNTY Maryland MARYLAND

CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR TOWN and give nearest town) Havre de Grace (in this place) 50 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Harford COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace

STREET ADDRESS (If rural give location) 614 S. Washington

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Andrew (Last) Hipple

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/4/1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months 5 Days 9 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Supt.

10b. KIND OF BUSINESS OR INDUSTRY: Md. Culvert Co.

11. BIRTHPLACE (State or foreign country): New Castle Del

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Hipple

14. MOTHER'S MAIDEN NAME: Elizabeth Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Louise Hipple, 614 S. Wash. Havre de Grace

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Vascular Disease

DUE TO

(c) Senility

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Aug 13, 1954, that I last saw the deceased alive on Aug 13, 1954, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Kelly M.D. ADDRESS 400 Pennsylvania Ave Havre de Grace Md DATE SIGNED 8/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/16/54

NAME OF CEMETERY OR CREMATORY Angel Hill

LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 16. 1954

REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Reg. Dist.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 181

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS On Highway.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Colorado COUNTY Prowers
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lamar
STREET ADDRESS (If rural, give location) 1207 S. Paul Street.

3. NAME OF DECEASED: (Type or Print) (First) Russ (Middle) Paul (Last) Johns
4. DATE OF DEATH: (Month) August (Day) 4 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 1-1934
9. AGE Last birthday: 20 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Florence A. Johns.
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Current
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Robt. E. Carroll Quartermaster, APG, Md.

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ..... DUE TO Fracture skull, compound

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) Fracture Rhumerus, comminuted

INTERVAL BETWEEN ONSET AND DEATH: (a) ... (b) ... (c) —

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. .....

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway
21c. (City or town) Magnolia (County) Harford (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/4/54 1 P.M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Auto accident, auto to telephone pole.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Kendall C Perkins M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 8/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF Aug 5-1954
NAME OF CEMETERY OR CREMATORY Lamar Cemetery
LOCATION (City, town, or county) Lamar (State) Colorado.

DATE REC'D BY LOCAL REG. Aug. 5-1954
REGISTRAR'S SIGNATURE Nellie K. Terry
24. FUNERAL DIRECTOR John E. Tarring
ADDRESS Aberdeen Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07557

# 7557 CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen R.1 — LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dorsey Ave. Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) Dorsey Ave. Ext

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) (Last) Jordon

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-23-90

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Presser

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Florence S. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Marah (Unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Sadie Stinson - Dorsey Ave. Ext Aberdeen, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0 Immediate cause (a) Congestive Heart Failure c C.V.A.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c) Hypertensive - Arteriosclerotic Heart Disease

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1 ..., 1954, to 8/19, 1954, that I last saw the deceased alive on 8/19, 1954, and that death occurred at 2:40 PM, from the causes and on the date stated above.

SIGNATURE George T. Stansbury (Degree or title) M.D. — ADDRESS Havre de Grace, Md. — DATE SIGNED 8-20-

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 8-23-54 — NAME OF CEMETERY OR CREMATORY Arbutus Cemetery — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 21-1954 — REGISTRAR'S SIGNATURE Nellie L. Perry

24. FUNERAL DIRECTOR Elmer E. Bullock — ADDRESS Havre de Grace, Md.

VS. A15

RECEIVED
AUG 23 1954
BUREAU V. S.

07558

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7574

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

Items 8,9,FilmG170A 9-23-54 et

1. PLACE OF DEATH
COUNTY Harford MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Margarett (Middle) (Last) Kenley
(Type or Print)

4. DATE OF DEATH: (Month) Aug (Day) 30, (Year) 1954

5. SEX Female
6. COLOR OR RACE: Colored
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Widow
8. DATE OF BIRTH: 3-20-1851
9. AGE last birthday 103 yrs
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework at Home
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo Hopkins
14. MOTHER'S MAIDEN NAME: Margarett Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Mrs. Lena Riggs 790 West Franklin St Balto

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Cerebral Hemorrhage DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Infirmities Of Age. DUE TO
(C)
APPROX. INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: no
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9 1954 to Aug 30, 19 54, that I last saw the deceased alive on Aug 29, 19 54 and that death occurred at 4 P. M, from the causes and on the date stated above.
SIGNATURE E.P. Snodgrass M. D.
ADDRESS Darlington Md. DATE SIGNED Sept 1-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 2 1954
NAME OF CEMETERY OR CREMATORY Hosanna Cem
LOCATION (City, town, or county) Harford Co, Md.
(State)

DATE REC'D BY LOCAL REGISTRAR Sept 1, 1954
REGISTRAR'S SIGNATURE C.K. Kirk
24. FUNERAL DIRECTOR H & S Bailey
ADDRESS Darlington, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 10 1954
BUREAU V. S.

7575

07559

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #2 Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace (Rural)
STREET ADDRESS (If rural, give location) R.D. #2

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) Rambo (Last) Moore
4. DATE OF DEATH (Month) Aug. (Day) 3. (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 18 1870
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isac C. Rambo
14. MOTHER'S MAIDEN NAME Fannie Grant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Horace Moore, Havre de Grace, Md. R.D. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Arteriosclerotic C-V Disease | 7 yrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Thyroid Adenoma | 3 yrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1941, to Aug, 1954, that I last saw the deceased alive on Aug 2, 1954, and that death occurred at 11 55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Joseph Horley MD ADDRESS Churchville Md DATE SIGNED Aug 3

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 6 1954
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) Harford Md.
DATE REC'D BY LOCAL REG. [illegible] '54
REGISTRAR'S SIGNATURE Bertha C. ~~[illegible]~~ Knight
24. FUNERAL DIRECTOR Madison Mitchell ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (17560)

# 7576 CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CARDIFF
LENGTH OF STAY (in this place): 41 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CARDIFF
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) AMANDA (Middle) JANE (Last) NORRIS

4. DATE OF DEATH: (Month) AUG. (Day) 8, (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB. 20, 1876

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HARFORD Co., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES BEARD

14. MOTHER'S MAIDEN NAME: MARY NORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: S. JOHN NORRIS, CARDIFF, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic C-V Disease

DUE TO

(c)

Interval Between Onset And Death: 2 weeks

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1938, to Aug. 8, 1954, that I last saw the deceased alive on Aug. 8, 1954 and that death occurred at 3 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Jonah A. Hunt M.D.

ADDRESS Delta, Pa.

DATE SIGNED 8/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 8-11-54

NAME OF CEMETERY OR CREMATORY: SLATE RIDGE

LOCATION (City, town, or county) (State): DELTA, PENNA.

DATE REC'D BY LOCAL REGISTRAR: 8/10/54

REGISTRAR'S SIGNATURE: Priscilla Fawcett

24. FUNERAL DIRECTOR: John H. Hartline

ADDRESS: Delta, Pa.

VS. A15

AUG 16 1954

BUREAU V. S.

07561

MARYLAND 7558 STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Afro Restaurant Rt# 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) near Afro Restaurant, Rt# 40.

3. NAME OF DECEASED (Type or Print): (First) Lloyd (Middle) — (Last) Parker
4. DATE OF DEATH: (Month) aug (Day) 6th (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7th 1853
9. AGE last birthday: 101 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day laborer retired formerly
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Parker
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs Lloyd Parker - Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal Insufficiency (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatism

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29, 1952, to 8/6, 1954, that I last saw the deceased alive on 8/5, 1954, and that death occurred at 10:00A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George I. Stansbury, MD ADDRESS Havre de Grace, Md. DATE SIGNED 8/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: aug 9th 1954 | NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery | LOCATION (City, town, or county) (State): Aberdeen, Maryland.

DATE REC'D BY LOCAL REG. Aug-1-115 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: John G. Torring ADDRESS Aberdeen Maryland.

MARGIN RESERVED FOR BINDING

07562

MARYLAND 7559

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 [illegible] Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) #58 [illegible] Street

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Peterson

4. DATE OF DEATH (Month) Aug (Day) 16 (Year) 1954

5. SEX Female

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH April 5-1870

9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert A. Miles

14. MOTHER'S MAIDEN NAME Mary Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS [illegible] Margaret [illegible] Ave. [illegible] Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Inanitition | 2 wks. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Metastatic Carcinoma Spine | |
| (c) | Carcinoma Left Breast | 5 yrs. |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1954, to Aug. 16, 1954, that I last saw the deceased alive on Aug. 16, 1954, and that death occurred at 10 30 A.m., from the causes and on the date stated above.

SIGNATURE William A. Tyson (Degree or title) M.D. ADDRESS Edgewood, Md. DATE SIGNED Aug. 16, 1954

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]

DATE Aug 16-1954

NAME OF CEMETERY OR CREMATORY Henderson Cemetery

LOCATION (City, town, or county) Henderson, Kentucky (State)

DATE REC'D BY LOCAL REG. Aug. 16-54

REGISTRAR'S SIGNATURE Nellie [illegible]

24. FUNERAL DIRECTOR John E. Farrow ADDRESS Aberdeen Maryland

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07563

7577

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RFD BEL AIR
LENGTH OF STAY (in this place) 1 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD CONVALESCING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAVRE DE GRACE
STREET ADDRESS (If rural give location) 116 ~~100~~ (RCN) SO. WASHINGTON, ~~AL~~

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) F (Last) PRICE
4. DATE OF DEATH: (Month) AUGUST (Day) 5 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 23-1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 4 Days 13 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Filtration Plant Operator
10b. KIND OF BUSINESS OR INDUSTRY: Aberdeen Proving Grand
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Price
14. MOTHER'S MAIDEN NAME: Sarah A. Hughes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: R.L. Fadeley 400 S. Washington, Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSUS — Interval Between Onset And Death: 1 HR

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease with — UNKNOWN
DUE TO (c) Arteriosis and Cardiac Failure.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1954, to Aug 5, 1954, that I last saw the deceased alive on July 28, 1954, and that death occurred at 9:00 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Philip W. Heuman M.D. ADDRESS 307 Hickory, Bel Air, Md DATE SIGNED 5 August 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/7/54
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace, Md.
DATE REC'D BY LOCAL REGISTRAR 8/9/54
REGISTRAR'S SIGNATURE Priscilla Lonwood
24. FUNERAL DIRECTOR Pennington
ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07564

# CERTIFICATE OF DEATH

7578

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Bel Air
LENGTH OF STAY (in this place) 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, Bel Air
STREET ADDRESS (If rural give location) on U.S. Rte #1, North of Bel Air

3. NAME OF DECEASED: (Type or Print) (First) FLOYD (Middle) AUGUSTUS (Last) PYLE

4. DATE OF DEATH: (Month) AUGUSTUS (Day) 19 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: JANUARY 17, 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALFRED PYLE
14. MOTHER'S MAIDEN NAME: HELEN GRAFTON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Daughter (Verna) same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Thrombosis
DUE TO
(c) Arteriosclerotic Cardiovascular disease

Interval Between Onset And Death: several hours; 8 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma; pulmonary emphysema — 15 yrs?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1952 to Aug. 19, 1954, that I last saw the deceased alive on Aug. 14, 1954, and that death occurred at 5.00 A.M., from the causes and on the date stated above.

SIGNATURE Paul S. Stoneifer Jr. (Degree or title) M.D. ADDRESS 115 Fulford Ave. Bel Air Md. DATE SIGNED Aug. 19, 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF Burial August 22, 1954 NAME OF CEMETERY OR CREMATORY Deer Creek Cem. LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR August 21, 1954 REGISTRAR'S SIGNATURE Priscilla Norwood

24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

AUG
BUREAU V. S.

MARYLAND 7560 07565

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) W Broadway

3. NAME OF DECEASED (Type or Print) (First) Herman (Middle) B (Last) Pyle

4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH June 22-1875
9. AGE last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed
10b. KIND OF BUSINESS OR INDUSTRY Grocer
11. BIRTHPLACE (State or foreign country) Harford Co. Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME George M Pyle
14. MOTHER'S MAIDEN NAME Frances Ecott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Mrs Herman B Pyle Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis Liver with

Antecedent cause(s) Biliary Obstruction, Ascites,

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized debility (c)

INTERVAL BETWEEN ONSET AND DEATH 18 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 July, 1954, to 29 Aug, 1954, that I last saw the deceased alive on 23 Aug, 1954, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE Philip W. Herman (Degree or title) MD ADDRESS Bel Air Md. DATE SIGNED 29 August 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 1-1954
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) Fountain Green (State) Md

DATE REC'D BY LOCAL REG. 8-31-54
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Jos T Foster Bel Air Md ADDRESS

MARGIN RESERVED FOR BINDING

1

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BUREAU V. S.

7561 **MARYLAND STATE DEPARTMENT OF HEALTH** 07566

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 185

**1. PLACE OF DEATH**
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 612 Concord St.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 612 Concord St.

**3. NAME OF DECEASED (Type or Print)**: (First) Emma (Middle) Jane (Last) Forster

**4. DATE OF DEATH**: (Month) 8 (Day) 11 (Year) 1954

**5. SEX**: Female

**6. COLOR OR RACE**: Negro

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)**: Widowed

**8. DATE OF BIRTH**: 4/23/01

**9. AGE last birthday**: 53 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**: Ward aid

**10b. KIND OF BUSINESS OR INDUSTRY**: V.A. Hosp. Perry Point

**11. BIRTHPLACE (State or foreign country)**: Harford County

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: William Henry Taylor

**14. MOTHER'S MAIDEN NAME**: Georgianna Warfield

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)** (If yes, give war or dates of service): —

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT AND ADDRESS**: Fourth Street, Mrs. Lida Bond - Perry Point, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**Immediate cause** (a) Metastatic Carcinoma of Large Bowel

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)** | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1954, to 8/10, 1954, that I last saw the deceased alive on 8/10, 1954, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
George I. Landrum, M.D. | Havre de Grace, Md. | 8/13/54

**23. BURIAL, CREMATION, REMOVAL (Specify)**: Burial | DATE THEREOF: 8/15/54 | NAME OF CEMETERY OR CREMATORY: Francis Hill Cem't'y | LOCATION (City, town, or county) (State): W. Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Aug. 13-54 | REGISTRAR'S SIGNATURE: C. L. Lewis M.D. | **24. FUNERAL DIRECTOR** | ADDRESS: Patrick J. Pullord, Havre de Grace, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND 7579

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Bros~~ Fallston
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) May (Last) Smith

4. DATE OF DEATH (Month) August (Day) 29 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Apr 12 1865
9. AGE last birthday 88 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Floyd Va
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Monroe Stigleman
14. MOTHER'S MAIDEN NAME Margaret Ritterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs Bertha Stanley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio vascular Disease

(c) Senility, Diabetes

INTERVAL BETWEEN ONSET AND DEATH 17 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1954, to August, 1954, that I last saw the deceased alive on 11 August, 1954, and that death occurred at 12:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip W. Heuman M.D ADDRESS Bel Air, Maryland DATE SIGNED 29 Aug 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 31 54
NAME OF CEMETERY OR CREMATORY Friendship Methodist
LOCATION (City, town, or county) Fallston Harford (State) Md

DATE REC'D BY LOCAL REG. 8-30/54
REGISTRAR'S SIGNATURE Priscilla Sowood
24. FUNERAL DIRECTOR W H Archer ADDRESS Benson Md

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07568

# 7580 CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN R.F.D.#1 Havre de Grace; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D.#1 Havre de Grace; STREET ADDRESS (If rural give location) R.F.D.#1

3. NAME OF DECEASED: (Type or Print) (First) Eliza (Middle) (Last) Snowden

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1867

9. AGE Last birthday: 87 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY: Dressmaker

11. BIRTHPLACE (State or foreign country): Harford County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Dolis

14. MOTHER'S MAIDEN NAME: Harriett (Unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Stella Jones R.F.D.#1 - Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c) Hypertensive Arteriosclerotic Heart disease

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Dementia

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1951, to 8/13, 1954, that I last saw the deceased alive on 8/13, 1954, and that death occurred at 8:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) George T. Handbury, M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 8/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 8/18/54; NAME OF CEMETERY OR CREMATORY Asbury Cemetery; LOCATION (City, town, or county) (State) Churchville, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 17-1954; REGISTRAR'S SIGNATURE C. R. Lewis M D

24. FUNERAL DIRECTOR Otelia J. Bullock, ADDRESS Havre de Grace, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bel Air, Md
STREET ADDRESS (If rural, give location) 106 S Bond

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Wilson (Last) Sparks

4. DATE OF DEATH (Month) August (Day) 31 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): M
8. DATE OF BIRTH: Jany 11-1896
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Any Kind
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Green Briar Co W Va
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Sam. A Sparks
14. MOTHER'S MAIDEN NAME: Emma Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 215-24-0885
17. INFORMANT & ADDRESS: Mrs Della Morrison Sparks 106 S Bond St Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture skull — INTERVAL BETWEEN ONSET AND DEATH —

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture both bones both legs —

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U S Route 1
21c. (City or town) Bel Air (County) Harford (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/31/54 8:30 p M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto accident, auto pedestrian type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D. ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED 8/31/54

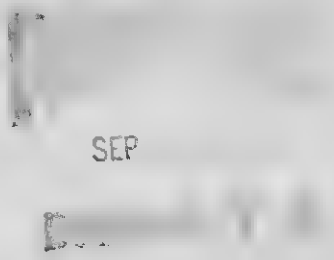
23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept 3/54
NAME OF CEMETERY OR CREMATORY Bel Air Memorial Garden
LOCATION (City, town, or county) Bel Air Md (State) "Harford Co"

DATE REC'D BY LOCAL REG. 8-31-54
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Joseph T Foster Bel Air Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Edgewood
LENGTH OF STAY (In this place) None
HOSPITAL OR INSTITUTION OR STREET ADDRESS D.O.A. Edgewood Station Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE DEL. COUNTY NEW CASTLE
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN WILMINGTON DEL
STREET ADDRESS (If rural, give location) 402 W 34 St

**3. NAME OF DECEASED: (Type or Print)** (First) Frank (Middle) H (Last) Stern

**4. DATE OF DEATH** (Month) August (Day) 25 (Year) 19 54

**5. SEX:** M

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Divorced

**8. DATE OF BIRTH:** OCT 27-1919

**9. AGE last birthday:** 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): AUTO

**10b. KIND OF BUSINESS OR INDUSTRY:** Auto Top Co.

**11. BIRTHPLACE** (State or foreign country): Wil. DEL.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13. FATHER'S NAME:** FRANK H. STERN SR.

**14. MOTHER'S MAIDEN NAME:** DOROTHY HALL

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No:**

**17. INFORMANT & ADDRESS:** Frank H. Stern 402 W 34 St Wil Del

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause (a) DUE TO Complete Disintegration of all body organs and structures — Interval Between Onset and Death: None

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21a. EXTERNAL CAUSE WAS** PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY Air over Gunpowder River

**21c.** (City or town) Edgewood (County) Harford (State) Md.

**21d. TIME OF INJURY** (Month) 8 (Day) 21 (Year) 54 (Hour) 10:30 A.M.

**21e. INJURY OCCURRED** While at work ☒ Not while at work ☐

**21f. HOW DID INJURY OCCUR?** His Airplane blew up

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D. ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED 8/25/54

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial

**DATE THEREOF** 8/27/54

**NAME OF CEMETERY OR CREMATORY** Grace Lawn Memorial

**LOCATION** (City, town, or county) Wil. (State) Del.

**DATE REC'D BY LOCAL REG.** Aug 26

**REGISTRAR'S SIGNATURE** Mrs Marie Mouldside mmt.

**24. FUNERAL DIRECTOR** Joseph R Grant

**ADDRESS** North East Md

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospt A.P.G. md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Perrypoint
STREET ADDRESS (If rural, give location) 1103 - 4th Street.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Benton (Last) Thomas
4. DATE OF DEATH (Month) August (Day) 20 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/27/1923
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Physician
10b. KIND OF BUSINESS OR INDUSTRY: Perrypoint Vet. Hospt.
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Otho L. Thomas
14. MOTHER'S MAIDEN NAME: Dorothy Evans Thomas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) Naval
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Jeanne Matthews Thomas Perry Point md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture skull
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture Rumenus

19a. DATE OF OPERATION:
19b MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY N. White 40
21c. (City or town) Belcamp (County) Harford (State) md.

21d. TIME OF INJURY (Month) 8/20/54 (Day) (Year) (Hour) 1 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto accident auto - object type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C. Palmer M. D.
~~CHIEF MEDICAL EXAMINER~~ ☐
DEPUTY MEDICAL EXAMINER ☒
~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED 8/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF Aug 20-1954
NAME OF CEMETERY OR CREMATORY Lower Brandywine
LOCATION (City, town, or county) (State) Centerville Delaware.

DATE REC'D BY LOCAL REG. Aug 20-1954
REGISTRAR'S SIGNATURE Phillip R. [illegible]
24. FUNERAL DIRECTOR John G. Farring
ADDRESS Aberdeen md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

7564 **MARYLAND STATE DEPARTMENT OF HEALTH** 07572

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 185

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rt 1 — LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Md.
STREET ADDRESS (If rural, give location) 325 P.O Box

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | John | Phillip | Troutwine | | Aug. | 12 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | March 28 1893 | 60 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed Owner
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): PA -
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Troutwine (deceased)
14. MOTHER'S MAIDEN NAME: Conley - (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-03-9898
17. INFORMANT AND ADDRESS: Hazel M. Troutwine - aberdeen md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) CORONARY OCCLUSION | 1 hr. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) CORONARY THROMBOSIS | 6 MONTHS |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUGUST, 1953, to AUG 12, 1954, that I last saw the deceased alive on AUG 12, 1954, and that death occurred at 11:25 A.m., from the causes and on the date stated above.

SIGNATURE: J. Brown McDonald (Degree or title) M.D. ADDRESS: Aberdeen, Md. DATE SIGNED: 8-12-54

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Aug. 15-1954 | Mountain Christian Cemetery | Bel Air, Maryland. |

DATE REC'D BY LOCAL REG. Aug. 14-1954 | REGISTRAR'S SIGNATURE: A. L. Lewis M. D.
24. FUNERAL DIRECTOR: John G. Garring ADDRESS: Aberdeen Maryland.

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7565 **MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jennettie (Middle) Ellen (Last) Vaughn
4. DATE OF DEATH (Month) August (Day) 28 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Mar. 28 1876
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George Gilham
14. MOTHER'S MAIDEN NAME Lydia ~~Dixon~~ Dixon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NO
17. INFORMANT AND ADDRESS Mrs Luther Vaughan Bel Air RD2 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Oedema Diabetic Coma | 1 day |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Myocarditis Hypertension | 10 yrs |
| | (c) Diabetes Mellitus | 10 yrs |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1954, to Aug 28 1954, that I last saw the deceased alive on Aug 28, 1954, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE Frank Wolbert (Degree or title) M.D. ADDRESS Havre de Grace DATE SIGNED August 28, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 31/54
NAME OF CEMETERY OR CREMATORY Vaughan
LOCATION (City, town, or county) Independence (State) Va

DATE REC'D BY LOCAL REG. Aug. 31-1954
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Joseph T Foster Bel Air Md ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (17574

# 7582 CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CARDIFF
LENGTH OF STAY (in this place) 34 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CARDIFF
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) PATTY (Middle) PARKE (Last) WILSON

4. DATE OF DEATH: (Month) AUG. (Day) 20, (Year) 1954

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: DEC. 2, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DELTA, PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT PARKE

14. MOTHER'S MAIDEN NAME: SALLIE WHITEFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. GEORGE KENYON, CARDIFF, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 Wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C-V Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1937, to Aug. 20, 1954, that I last saw the deceased alive on Aug. 20, 1954, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jonah A Hunt MD — ADDRESS Delta Pa. — DATE SIGNED 8/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 8-23-54 — NAME OF CEMETERY OR CREMATORY SLATE RIDGE — LOCATION (City, town, or county) (State) YORK CO, PA.

DATE REC'D BY LOCAL REGISTRAR 8/23/54 — REGISTRAR'S SIGNATURE Priscilla Fourwood

24. FUNERAL DIRECTOR — ADDRESS JOHN H. HARKINS, DELTA, PA.

VS. A15

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AUG 26 1954
BUREAU V. S.

07575

MARYLAND 7566

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air
STREET ADDRESS (If rural, give location) 25 Courtland

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) M (Last) Zimmerman
4. DATE OF DEATH (Month) Aug. (Day) 19 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married
8. DATE OF BIRTH Jany 22-1906
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hr Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Lewis Schultz
14. MOTHER'S MAIDEN NAME Mary Cloman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 218-18-9993
17. INFORMANT AND ADDRESS 25 Courtland St Robt A Zimmerman Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 1 hour |
| 260x Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) Diabetes mellitus | 5 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1949, to 8/19, 1954, that I last saw the deceased alive on 8/19, 1954, and that death occurred at 9P m., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer (Degree or title) MD ADDRESS Bel Air Md. DATE SIGNED 8/19/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 22/54
NAME OF CEMETERY OR CREMATORY Bellevue Memorial Gardens
LOCATION (City, town, or county) (State) Bel Air Md

DATE REC'D BY LOCAL REG. 8/21/54
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Joseph Foster Bel Air Md ADDRESS

RECEIVED
AUG 24 1954
BUREAU V. S.